



**CITY OF HOPEWELL
DEPARTMENT OF RECREATION AND PARKS**

REGISTRATION FORM

PROGRAM/ACTIVITY TITLE: MIDNIGHT BASKETBALL EVENT

NAME: _____

MAILING ADDRESS:

CITY: _____ **STATE** _____ **ZIP CODE** _____

PHONE: _____ **E-MAIL** _____

AGE: _____ **DATE OF BIRTH:** _____

SCHOOL: _____

I agree to indemnify and hold harmless City of Hopewell, its employees and agents from and against any, and all, liability from injury which may be suffered by me or my child as a result of, or in any way connected with participation in the above activity. I agree that the wavier of liability and hold harmless provisions of this application shall be effective to absolve the City of Hopewell and its employees from liability to the maximum extent permitted by Virginia law. If any provision of this application is held void or of no effect by a court of competent jurisdiction the remainder shall be effective to the extent permitted under Virginia law.

SIGNATURE OF PARTICIPANT

_____ **DATE:** _____

SIGNATURE PARENT OR GUARDIAN IF UNDER 18

_____ **DATE:** _____

Special Instruction: Kids seventeen and under must have written permission from parents or guardians to participate plus they must be picked up by parents at the conclusion of the event. Friends who are not part of the event will not be allowed in building and the building will be locked for the safety of the participants.